

We must answer the call to action to fight the AIDS pandemic on the global, national and local levels. Globally, we must continue to fund programs that not only directly address the prevention and treatment of HIV/AIDS, but also those programs that promote the overall health, economic and social prosperity of developing nations.

On the national level, we can start by reauthorizing the Ryan White CARE Act. This landmark program, which provides federal support to metropolitan areas and states to provide lifesaving health care and support services for individuals and families living with HIV/AIDS, expired on September 30, 2005. I strongly urge the Chairman of the Energy and Commerce Committee to commence with hearings on the reauthorization of the Ryan White CARE Act when Congress reconvenes in the new year.

In my state of New York, significant time and money has been invested into HIV/AIDS care. No state spends more than New York to care for its residents with HIV/AIDS—over \$3 billion last year. Sadly, New York's efforts still are not enough to sufficiently address the need. New York City comprises three percent of the nation's population, but more than 16 percent of the nation's AIDS cases.

Mr. Speaker, we must do better by CARE Act funding. This program has been virtually flat funded for years, and its AIDS Drug Assistance Programs (ADAP) only received a ten million dollar increase in this year's House Labor-HHS bill. Many very low-income people continue to be shut-out from ADAP programs due to states' varying income eligibility levels, which can range from 125 percent to 500 percent of the Federal Poverty Level. Without early, aggressive treatment people living with HIV/AIDS can experience rapid and often irreversible disease progression. Additionally, if care is interrupted drug resistance can develop, which compromises their ability to properly control their health.

The President's Principles for Ryan White CARE Act Authorization, released this past summer, include some troubling provisions which could have devastating results for communities' ability to provide consistent, appropriate care for persons living with HIV/AIDS. The proposed Severity of Need for Core Services Index will change funding formulas to take into account the availability of other resources, like state and local funding streams. This is bad public policy as it punishes states that have taken responsibility for their local HIV care and creates a powerful disincentive for other states to prioritize funding for HIV funding in future years, if they think the federal government will just cover the gap. No state spends more than New York does to care for its residents with HIV and AIDS—over \$3 billion last year. New York has always viewed this funding as a partnership between the state, cities and federal government and should not lose out on future federal funding for being at the forefront of providing progressive services and treatment.

Secondly the President's proposal for a minimum of 75 percent of Ryan White CARE Act funding to be spent on core medical services should be seriously revisited. While there is no question that appropriate funding should be directed towards medical care, localities that benefit from comprehensive state funding for medical care, might better serve patients with using the funding for transportation to medical

visits, emergency housing assistance for homeless patients, and other key services. This hard number fails to reflect the different resources that cities like New York utilize to care for their patients, and the changing needs of the HIV/AIDS patient population.

New York City has always had a special respect for the opportunities the Ryan White CARE Act affords the city in serving the needs of our HIV/AIDS population. As of December 31, 2003, there were 142,085 cumulative AIDS cases in NYC, and 88,479 City residents diagnosed as Persons Living With HIV/AIDS. Although Ryan White CARE Act is widely considered the payer of last resort for people with HIV/AIDS, it fills much of the void in providing treatment and support services for those who either are uninsured or underinsured, without the necessary resources to access desperately needed care.

Mr. Speaker, it is shameful that Congress recently passed legislation with billions of dollars in cuts to Medicaid, all in the name of reform. Real reform would be to permit early treatment for those living with HIV in the Medicaid program. Under current Medicaid rules, most HIV positive people must meet both an income standard and be disabled—by AIDS—before they can receive access to Medicaid provided care and treatment that could have prevented them from becoming ill so quickly. This policy runs counter to current Federal HIV treatment guidelines which call for early access to medical care and treatment including the use of combination antiretroviral therapy. Medical costs for those with advanced AIDS are significantly higher than costs for caring for HIV positive people, and this is a burden on the States' Medicaid budgets.

I offered an amendment in the Energy and Commerce Committee markup for Medicaid reform to give States the OPTION of amending their Medicaid eligibility requirements to include uninsured, pre-disabled low-income people living with HIV. ETHA, which has been introduced by Leader Pelosi in prior Congresses and Senator Smith and Senator Clinton in the Senate, is modeled after the successful Breast and Cervical Cancer Prevention and Treatment Act, BCCA, that allows states to provide early access to Medicaid to women with cancer. Forty-nine States have implemented the BCCA, designed to preserve health and prevent unnecessary and high-cost medical interventions. As with the BCCA, ETHA includes an enhanced Federal match rate of 65 percent to 83 percent to encourage States to participate in offering the services.

Although my amendment failed, a demonstration project for ETHA, was successfully offered by Senator CLINTON and Senator SMITH in the Senate consideration of the reconciliation bill. Mr. Speaker, I strongly encourage the preservation of this important policy in the formal reconciliation bill.

World AIDS Day is an opportunity to examine what progress we have made and to seriously consider what we must do to address this overwhelming problem. Working together, we can address both prevention and early treatment options, attacking HIV/AIDS head on.

HONORING THE SOUTHEAST DALLAS ROTARY CLUB

HON. JEB HENSARLING

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, December 6, 2005

Mr. HENSARLING. Mr. Speaker, today I would like to help celebrate two significant anniversaries of Rotary International. This year, Rotary International celebrates its 100th anniversary. From its humble roots in Chicago, Illinois, Rotary has grown into a worldwide organization of business and professional leaders who provide humanitarian service, encourage high ethical standards in all vocations, and help build goodwill and peace in the world. Since 1943, Rotary International has distributed more than \$1.1 billion to combat polio, promote cultural exchanges and encourage community service.

I also want to recognize the Southeast Dallas Rotary Club for their 19 years of service to Dallas County. Throughout its history, the Southeast Dallas Rotary Club has achieved great success in carrying out the mission of Rotary International.

The Southeast Dallas Rotary Club has raised money for Dallas Independent School District (DISD) and supported programs to buy school supplies for students. In addition they have been involved in local projects, such as constructing neighborhood parks and helping individuals in need with home improvements.

Through these initiatives, the Southeast Dallas Rotary Club exemplifies the values of service and charity that lie at the heart of American society. As the Congressional representative of the members of this outstanding organization, it is my distinct pleasure to honor them today in the United States House of Representatives.

BIO OF CHARLES ADAMS

HON. JOHN LEWIS

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, December 6, 2005

Mr. LEWIS of Georgia. Mr. Speaker, Charles R. Adams retired from his position of National Employee Development Center Director for the U.S. Department of Agriculture's Natural Resources Conservation Service (NRCS) in Fort Worth, Texas on November 3, 2005.

Adams learned the importance of self-development at an early age while growing up on his family farm in Logansport, Louisiana. His parents, the late Mr. T.C. Adams and Elneva Adams, gave him and his ten siblings firsthand experience in working the land, and he still carries those experiences with him today.

After leaving Logansport, Adams graduated from Southern University at Baton Rouge with a Bachelor of Science in Agronomy. He received his Master's Degree in Public Administration from Harvard University in Cambridge, Massachusetts in 1983 and has Ph.D. studies in Urban and Public Affairs at the University of Texas in Arlington.

His impressive career with USDA spans some 38 years, having held some of the top positions in his Agency, including Regional Conservationist for the NRCS Southeast Region, based in Atlanta, Georgia, from 1997–